

1/29/0:

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90070 020 ***150.00

DOCUMENT # P97000003439

1. Entity Name
UNITED TRUST FINANCIAL SERVICES INC.

Principal Place of Business

Mailing Address

P O BOX 12373
ST. PETERSBURG FL 33733

P O BOX 12373
ST. PETERSBURG FL 33733

2. Principal Place of Business

3. Mailing Address

PO Box 12373
Suite, Apt. #, etc.

PO Box 20082
Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL

Tampa, FL

Zip 33733 Country

Zip 33622 Country

4. FEI Number

59-3418606

Applied For

Not Applicable

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Thomas J. Burns, Jr.

Street Address (P.O. Box Number is Not Acceptable)

2842 16 AVENUE NORTH

City

ST. PETERSBURG, FL 33712

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Thomas J. Burns, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/13/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BURNS, THOMAS JR.
STREET ADDRESS 2842 16TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE President
NAME Burns, Thomas JR
STREET ADDRESS 8411 Walnut Grove Road
CITY-ST-ZIP Mechanicsville, VA 23111

TITLE ST
NAME SELLAS, JOHN A.
STREET ADDRESS 1311 N. WESTSHORE BLVD
CITY-ST-ZIP TAMPA FL 33607

TITLE S-T
NAME SELLAS, JOHN
STREET ADDRESS POST OFFICE BOX 20082
CITY-ST-ZIP TAMPA, FL 33622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or as an attachment with an address, with all other like empowerments.

SIGNATURE: Thomas J. Burns Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/01
11/01/01

Daytime Phone #

CR2E034 (9/01)